

## ASSESSMENT OF OVERALL DATA QUALITY AND COMPLETENESS *NEVADA* 1999 TABLES

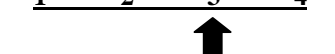
Nine tables for each State show the use of mental health and other services by Medicaid beneficiaries with mental health diagnoses in 1999. Enrollment and claims data from the Medicaid Analytic eXtract (MAX) files from the Centers for Medicare & Medicaid Services (CMS) are the source for these analyses. Because Medicaid programs differ across the States, and because administrative data vary in completeness and quality, caveats about the State's data should be considered in interpreting the information contained in these tables.

Nevada Data Comments
<p><b>Diagnosis Codes:</b> Diagnosis codes were missing on 52 percent of LT claims and, more importantly, on 10 percent of outpatient claims from providers that are expected to report diagnoses; this quality problem may have led to under-identification of mental health beneficiaries.</p>

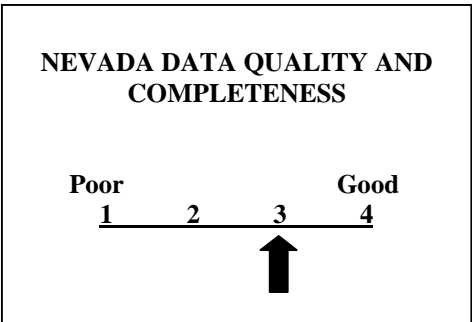
**Diagnosis Codes:** Diagnosis codes were missing on 52 percent of LT claims and, more importantly, on 10 percent of outpatient claims from providers that are expected to report diagnoses; this quality problem may have led to under-identification of mental health beneficiaries.

# NEVADA DATA QUALITY AND COMPLETENESS

Poor 1 2 3 4 Good

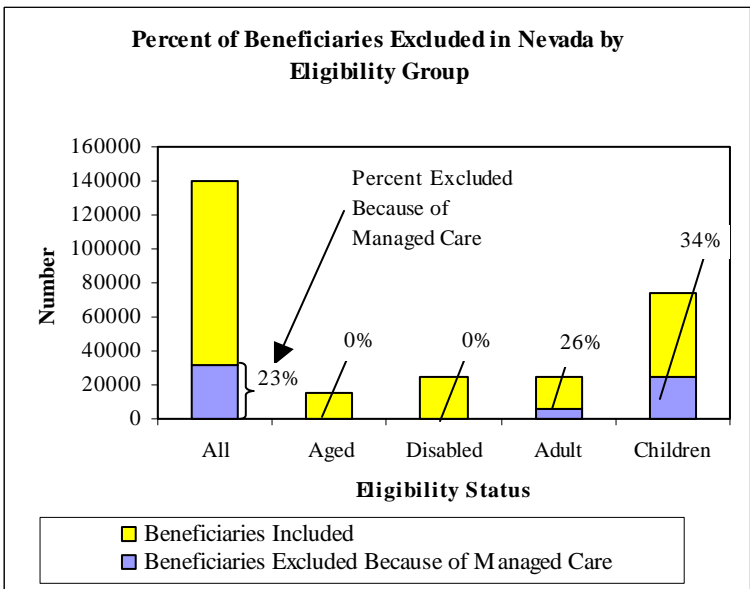


A horizontal scale with four numbered positions: 1, 2, 3, and 4. The word 'Poor' is positioned above the number 1, and the word 'Good' is positioned above the number 4. A large, solid black arrow points upwards from the bottom towards the number 3.



\*The measure shown above reflects both managed care exclusions and other data issues noted to the left.

## IMPACT OF MANAGED CARE EXCLUSIONS



Individuals who are enrolled in comprehensive or behavioral capitated programs for all months enrolled are *excluded* from Tables 2 - 9 in the attached set of tables; those enrolled in fee-for-service Medicaid for at least one month are *included* in Tables 2 - 9. The effects of these exclusions vary by state, and, within state, by eligibility group. Nevada's managed care exclusions are shown in the graph on the left.

**TABLE 1**  
**MEDICAID BENEFICIARIES AND EXPENDITURES**  
**TOTAL AND FEE-FOR-SERVICE (FFS)**  
**NEVADA, CALENDAR YEAR 1999**

Population Characteristics	Beneficiaries				Expenditures			
	Total Number	Percent of Total Beneficiaries	Number in Fee-for-Service (FFS) One or More Months	Percent in FFS One or More Months	Total Expenditures	Percent of Total Expenditures	Total for FFS	Percent for FFS
<b>All</b>	139,700	100%	108,080	77%	\$440,920,953	100%	\$357,941,354	81%
<b>Age</b>								
0-3	29,657	21%	18,728	63%	\$42,306,436	10%	\$18,894,003	45%
4-5	10,449	7%	7,138	68%	\$10,777,452	2%	\$5,515,907	51%
6-12	28,466	20%	19,733	69%	\$39,246,965	9%	\$27,114,475	69%
13-18	12,999	9%	9,727	75%	\$40,927,338	9%	\$32,349,489	79%
19-21	4,821	3%	3,847	80%	\$19,400,186	4%	\$11,295,350	58%
22-44	24,988	18%	20,856	83%	\$107,584,181	24%	\$85,627,856	80%
45-64	12,111	9%	11,875	98%	\$81,570,479	19%	\$79,482,393	97%
65 and older	16,208	12%	16,175	100%	\$99,107,916	22%	\$97,661,881	99%
<b>Gender</b>								
Female	82,073	59%	63,971	78%	\$257,154,527	58%	\$200,820,617	78%
Male	57,531	41%	44,050	77%	\$183,669,925	42%	\$157,091,645	86%
<b>Race</b>								
White	80,670	58%	66,039	82%	\$314,550,690	71%	\$273,741,175	87%
Black	26,675	19%	18,733	70%	\$61,567,193	14%	\$41,841,477	68%
Hispanic	25,767	18%	17,868	69%	\$46,859,983	11%	\$27,758,085	59%
American Indian/Alaskan Native	2,870	2%	2,590	90%	\$7,940,033	2%	\$7,029,832	89%
Asian/Pacific Islander	3,718	3%	2,850	77%	\$10,003,054	2%	\$7,570,785	76%
Other/Unknown	0	0%	0	0%	\$0	0%	\$0	0%
<b>Dual Status</b>								
Aged Duals with Full Medicaid	9,879	7%	9,852	100%	\$86,828,319	20%	\$85,637,459	99%
Disabled Duals with Full Medicaid	4,940	4%	4,940	100%	\$42,458,059	10%	\$42,280,569	100%
Duals with Limited Medicaid	9,023	6%	9,022	100%	\$4,258,146	1%	\$4,179,608	98%
Other Duals	99	0%	79	80%	\$250,083	0%	\$152,393	61%
Disabled Non-Duals	15,860	11%	15,855	100%	\$144,968,861	33%	\$142,387,700	98%
All Other Non-Duals	99,899	72%	68,332	68%	\$162,157,485	37%	\$83,303,625	51%
<b>Eligibility Group</b>								
Aged	15,857	11%	15,826	100%	\$96,884,162	22%	\$95,460,515	99%
Disabled	25,266	18%	25,261	100%	\$191,756,933	43%	\$188,949,102	99%
Adults	24,827	18%	18,439	74%	\$53,730,642	12%	\$19,383,708	36%
Children	73,712	53%	48,520	66%	\$98,329,188	22%	\$54,047,728	55%

Notes: Months are defined as fee-for-service (FFS) if they are months when an individual is enrolled in Medicaid but not in a Medicaid capitated comprehensive managed care or behavioral managed care plan. For subsequent tables, only FFS months are included.

Beneficiaries are all individuals enrolled in Medicaid, including children in Medicaid-SCHIP, for at least one month in the calendar year.

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 2**  
**MEDICAID FFS MENTAL HEALTH BENEFICIARIES AND EXPENDITURES**  
**COMPARED TO TOTAL FFS BENEFICIARIES AND EXPENDITURES**  
**NEVADA, CALENDAR YEAR 1999**

	Total Number of Beneficiaries in FFS Population	FFS Mental Health Population		Total Expenditures for FFS Population	FFS Expenditures for Mental Health Population	
		Number of Beneficiaries	Percent of Total FFS Beneficiaries		Total Amount	Percent of Total FFS Expenditures
<b>All</b>	108,080	10,981	10%	\$357,941,354	\$116,166,479	32%
<b>Age</b>						
0-3	18,728	265	1%	\$18,894,003	\$838,945	4%
4-5	7,138	350	5%	\$5,515,907	\$1,008,403	18%
6-12	19,733	1,988	10%	\$27,114,475	\$15,219,138	56%
13-18	9,727	1,532	16%	\$32,349,489	\$22,427,677	69%
19-21	3,847	223	6%	\$11,295,350	\$2,700,833	24%
22-44	20,856	3,156	15%	\$85,627,856	\$30,161,370	35%
45-64	11,875	2,187	18%	\$79,482,393	\$24,433,090	31%
65 and Older	16,175	1,280	8%	\$97,661,881	\$19,377,023	20%
<b>Gender</b>						
Female	63,971	6,168	10%	\$200,820,617	\$58,661,782	29%
Male	44,050	4,813	11%	\$157,091,645	\$57,504,697	37%
<b>Race</b>						
White	66,039	8,299	13%	\$273,741,175	\$91,879,303	34%
Black	18,733	1,537	8%	\$41,841,477	\$15,083,368	36%
Hispanic	17,868	784	4%	\$27,758,085	\$5,895,763	21%
American Indian/Alaskan Native	2,590	199	8%	\$7,029,832	\$1,533,505	22%
Asian/Pacific Islander	2,850	162	6%	\$7,570,785	\$1,774,540	23%
Other/Unknown	0	0	0%	\$0	\$0	0%
<b>Dual Status</b>						
Aged Duals with Full Medicaid	9,852	1,049	11%	\$85,637,459	\$17,365,345	20%
Disabled Duals with Full Medicaid	4,940	1,361	28%	\$42,280,569	\$14,811,254	35%
Duals with Limited Medicaid	9,022	773	9%	\$4,179,608	\$960,850	23%
Other Duals	79	10	13%	\$152,393	\$44,540	29%
Disabled Non-Duals	15,855	3,667	23%	\$142,387,700	\$48,187,840	34%
All Other Non-Duals	68,332	4,121	6%	\$83,303,625	\$34,796,650	42%
<b>Eligibility Group</b>						
Aged	15,826	1,251	8%	\$95,460,515	\$18,988,589	20%
Disabled	25,261	5,686	23%	\$188,949,102	\$64,266,024	34%
Adults	18,439	830	5%	\$19,383,708	\$2,955,987	15%
Children	48,520	3,214	7%	\$54,047,728	\$29,955,879	55%

Note: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Expenditures are claims-based Medicaid payments, including both federal and state share.

Expenditures for FFS months are defined as expenditures for services during FFS months minus expenditures for capitation premium payments.

Eligibility Groups are mutually exclusive. All individuals age 65 or over are in the Aged group; all remaining individuals who are in Medicaid due to disability are in the Disabled group; remaining individuals are classified as Adults or Children according to whether they are classified as Adults or Children in state enrollment files.

**TABLE 3**  
**MEDICAID FFS MENTAL HEALTH POPULATION**  
**BY DIAGNOSTIC CATEGORY AND AGE GROUP**  
**NEVADA, CALENDAR YEAR 1999**

Diagnostic Category	FFS Mental Health Population							
	All Ages		21 and Under		22-64		65 and Older	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Schizophrenia	1,573	14%	164	4%	1,264	24%	145	11%
Major depression and affective psychoses	2,530	23%	531	12%	1,686	32%	313	24%
Other psychoses	516	5%	37	1%	262	5%	217	17%
Childhood psychoses	193	2%	155	4%	32	1%	6	0%
Neurotic & other depressive disorders	2,151	20%	447	10%	1,323	25%	381	30%
Personality disorders	64	1%	15	0%	41	1%	8	1%
Other mental disorders	116	1%	19	0%	52	1%	45	4%
Special symptoms or syndromes	232	2%	86	2%	118	2%	28	2%
Stress & adjustment reactions	1,317	12%	842	19%	390	7%	85	7%
Conduct disorders	370	3%	303	7%	51	1%	16	1%
Emotional disturbances	506	5%	483	11%	17	0%	6	0%
Hyperkinetic syndrome	1,392	13%	1,269	29%	100	2%	23	2%
No Diagnosis	21	0%	7	0%	7	0%	7	1%
<b>Total</b>	<b>10,981</b>	<b>100%</b>	<b>4,358</b>	<b>100%</b>	<b>5,343</b>	<b>100%</b>	<b>1,280</b>	<b>100%</b>

Notes: The FFS mental health population includes all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**The diagnostic category for each user is the one that occurred most frequently among primary diagnoses on claims during the year.**

Schizophrenia (ICD-9 CM diagnosis codes beginning with 295) includes both chronic and acute schizophrenic disorders.

Major depression and affective psychoses (ICD-9 CM diagnosis codes beginning with 296) includes manic, depressive, and bipolar disorders.

Other psychoses (ICD-9 CM diagnosis codes beginning with 297 or 298) includes paranoid states, delusional disorders, depressive psychosis, and reactive psychoses.

Childhood psychoses (ICD-9 CM diagnosis codes beginning with 299) includes infantile autism, disintegrative disorders, and childhood type schizophrenia.

Neurotic & other depressive disorders (ICD-9 CM diagnosis codes beginning with 300 or 311) includes anxiety states; phobic, obsessive compulsive, and other neurotic disorders; and unspecified depressive disorders.

Personality disorders (ICD-9 CM diagnosis codes beginning with 301) includes affective, schizoid, explosive, histrionic, antisocial, dependent, and other personality disorders.

Other mental disorders (ICD-9 CM diagnosis codes beginning with 302, 306, or 310) includes sexual deviations, physiological malfunction arising from mental factors, and nonpsychotic mental disorders due to organic brain damage.

Special symptoms or syndromes (ICD-9 CM diagnosis codes beginning with 307) includes eating disorders, tics and repetitive movement disorders, sleep disorders, and enuresis.

Stress & adjustment reactions (ICD-9 CM diagnosis codes beginning with 308 or 309) includes acute reaction to stress; depressive reaction, and separation disorders, and conduct disturbance.

Conduct disorders (ICD-9 CM diagnosis codes beginning with 312) includes aggressive outbursts, truancy, delinquency, kleptomania, impulse control disorder, and other conduct disorders.

Emotional disturbances (ICD-9 CM diagnosis codes beginning with 313) includes overanxious disorder, shyness, relationship problems and other mixed emotional disturbances of childhood or adolescence such as oppositional disorder.

Hyperkinetic syndrome (ICD-9 CM diagnosis codes beginning with 314) includes attention deficit with and without hyperactivity and hyperkinesis with or without developmental delay.

**TABLE 4**  
**PSYCHIATRIC AND GENERAL INPATIENT HOSPITAL USE AND AVERAGE ANNUAL HOSPITAL DAYS PER USER**  
**FOR MEDICAID FFS MENTAL HEALTH POPULATION, BY SEX AND AGE GROUP**  
**NEVADA, CALENDAR YEAR 1999**

Sex	Age Group	Psychiatric Hospital		General Inpatient Hospital		Total Inpatient Hospital			General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses		
				Mental Health Treatment		Mental Health Treatment					
		Number of Users	Average Annual Days Per User	Number of Users	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User	Number of Users	Percent of Total FFS Mental Health Beneficiaries	Average Annual Days Per User
Female	0-3	0	0	0	0	0	0%	0	11	9%	10
	4-5	0	0	0	0	0	0%	0	5	3%	5
	6-12	35	0	0	0	35	5%	0	11	2%	20
	13-18	137	0	3	4	137	21%	0	46	7%	6
	19-21	11	0	1	4	12	10%	0	29	23%	7
	22-44	38	0	107	18	145	7%	13	272	14%	9
	45-64	32	0	57	16	89	6%	10	259	17%	12
	65+	28	0	12	8	39	4%	2	197	20%	4
	All Ages	281	0	180	16	457	7%	6	830	13%	9
Male	0-3	0	0	0	0	0	0%	0	13	9%	9
	4-5	4	0	0	0	4	2%	0	5	3%	4
	6-12	125	0	1	7	126	10%	0	24	2%	9
	13-18	178	0	0	0	178	20%	0	12	1%	7
	19-21	11	0	2	34	13	13%	5	6	6%	25
	22-44	47	0	53	11	99	8%	6	99	8%	14
	45-64	19	0	24	11	43	6%	6	126	19%	33
	65+	15	0	7	5	21	7%	2	68	22%	8
	All Ages	399	0	87	11	484	10%	2	353	7%	19
Total	0-3	0	0	0	0	0	0%	0	24	9%	9
	4-5	4	0	0	0	4	1%	0	10	3%	4
	6-12	160	0	1	7	161	8%	0	35	2%	12
	13-18	315	0	3	4	315	21%	0	58	4%	7
	19-21	22	0	3	24	25	11%	3	35	16%	11
	22-44	85	0	160	16	244	8%	10	371	12%	10
	45-64	51	0	81	15	132	6%	9	385	18%	19
	65+	43	0	19	7	60	5%	2	265	21%	5
	All Ages	680	0	267	15	941	9%	4	1,183	11%	12

Notes: All beneficiaries in this table had a mental health diagnosis as the primary diagnosis on a FFS Medicaid claim during 1999, or received a clearly identifiable mental health service (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Those who received inpatient hospital services for which the primary diagnosis on the hospital claim was a mental health diagnosis are shown in the "General Inpatient Hospital – Mental Health Treatment" column. Those who received inpatient hospital services for which the primary diagnosis on the claim was not a mental health diagnosis are shown in the "General Inpatient Hospital Use by FFS MH Population for Non-Mental Health Diagnoses" column.

When a dually eligible beneficiary's inpatient stay is primarily covered by Medicare, Medicaid often pays a deductible. Some states interpret their payment of the deductible as Medicaid coverage for one day of the stay. Other states interpret "Medicaid covered days" as including only days covered in full by Medicaid, and thus report zero covered days on a crossover stay. Another group of states reports the number of days covered by Medicare as covered days. Finally, many states do not retain any details about lengths of stay on crossover claims. For any one or combination of these reasons, average lengths of stay for beneficiaries who are dually eligible (most aged and some adults) are inaccurately reduced because of the presence of individual claims with "1" or "0" covered days. In some circumstances this even causes inpatient hospital stays to average "0" days in length, and it explains more generally the low numbers that appear for some groups on Table 4.

Individuals may appear in more than one column on this table.

**TABLE 5**  
**EMERGENCY ROOM USE FOR MEDICAID FFS MENTAL HEALTH AND NON-MENTAL**  
**HEALTH BENEFICIARIES, BY SEX AND AGE GROUP**  
**NEVADA, CALENDAR YEAR 1999**

Sex	Age Group	Mental Health Beneficiaries With Any Emergency Room Use					Non- Mental Health Beneficiaries With Any Emergency Room Use		
		Number	Percent of Total FFS Mental Health Beneficiaries	Average Number of Emergency Room Visits for Users of Any ER Visits			Number	Percent of Total FFS Non-Mental Health Beneficiaries	Number of Emergency Room Visits for Users of Any ER Visits
				For Mental Health Treatment	For Non-Mental Health Treatment	All ER Visits			
Female	0-3	30	25%	0.03	1.80	1.83	1,491	17%	1.70
	4-5	32	21%	0.06	1.47	1.53	346	10%	1.64
	6-12	108	16%	0.03	1.69	1.72	716	8%	1.43
	13-18	172	27%	0.07	1.64	1.71	445	10%	1.57
	19-21	56	44%	0.30	2.45	2.75	473	15%	1.60
	22-44	817	42%	0.20	2.52	2.72	2,110	16%	1.76
	45-64	645	43%	0.12	2.38	2.49	1,444	26%	2.09
	65+	403	42%	0.11	2.05	2.16	1,953	19%	1.67
	All Ages	2,263	37%	0.14	2.26	2.41	8,978	16%	1.74
Male	0-3	49	33%	0.04	1.90	1.94	1,754	19%	1.75
	4-5	47	24%	0.02	1.47	1.49	385	11%	1.62
	6-12	239	18%	0.03	1.49	1.53	763	8%	1.43
	13-18	179	20%	0.03	1.65	1.68	318	9%	1.52
	19-21	24	25%	0.46	2.00	2.46	55	13%	2.20
	22-44	392	33%	0.26	2.28	2.54	799	18%	1.97
	45-64	225	34%	0.18	2.50	2.68	957	23%	2.12
	65+	132	42%	0.16	2.17	2.33	780	17%	1.70
	All Ages	1,287	27%	0.15	2.02	2.17	5,811	15%	1.78
Total	0-3	79	30%	0.04	1.86	1.90	3,250	18%	1.73
	4-5	79	23%	0.04	1.47	1.51	731	11%	1.63
	6-12	347	17%	0.03	1.56	1.59	1,479	8%	1.43
	13-18	351	23%	0.05	1.64	1.70	763	9%	1.55
	19-21	80	36%	0.35	2.31	2.66	528	15%	1.66
	22-44	1,209	38%	0.22	2.44	2.66	2,909	16%	1.82
	45-64	870	40%	0.13	2.41	2.54	2,401	25%	2.10
	65+	535	42%	0.12	2.08	2.20	2,733	18%	1.68
	All Ages	3,550	32%	0.14	2.18	2.32	14,794	15%	1.75

Notes: An emergency room visit is classified as "for mental health treatment" if one of the mental health diagnoses in Table 3 is shown as the primary diagnosis on the emergency room claim. If any other diagnosis is shown as the primary diagnosis on the claim, the emergency room visit is classified as being for non-mental health treatment. Visits are defined by unique dates of service.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**TABLE 6**  
**PRESCRIPTION PSYCHOTROPIC DRUG USE FOR MEDICAID FFS MENTAL HEALTH**  
**AND NON-MENTAL HEALTH BENEFICIARIES, BY AGE GROUP**  
**NEVADA, CALENDAR YEAR 1999**

Age Group	Total FFS Beneficiaries with Any Psychotropic Drug Use		FFS Mental Health Beneficiaries with Any Psychotropic Drug Use		FFS Non-Mental Health Beneficiaries with Any Psychotropic Drug Use	
	Number	Percent of Total FFS Beneficiaries	Number	Percent of Total FFS MH Beneficiaries	Number	Percent of Total FFS Non-MH Beneficiaries
0-3	182	1%	33	12%	149	1%
4-5	157	2%	71	20%	86	1%
6-12	1,325	7%	963	48%	362	2%
13-18	929	10%	682	45%	247	3%
19-21	280	7%	132	59%	148	4%
22-44	4,356	21%	2,284	72%	2,072	12%
45-64	4,113	35%	1,626	74%	2,487	26%
65+	4,557	28%	891	70%	3,666	25%
All Ages	15,899	15%	6,682	61%	9,217	9%

Notes: FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in Table 3 as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during 1999 (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

Psychotropic drugs are defined as drugs in any of the categories shown on Table 7, as grouped by Multum prescription drug grouping software.

Non-mental health beneficiaries who are dual eligibles may have received mental health treatment under Medicare that is not seen in Medicaid coinsurance claims.

**TABLE 7**  
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 21 AND UNDER WHO**  
**USED PRESCRIPTION PSYCHOTROPIC DRUGS,**  
**BY DIAGNOSTIC CATEGORY AND DRUG TYPE**  
**NEVADA, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	164	10%	21%	9%	3%	1%	11%	18%
Major depression and affective psychoses	531	36%	23%	10%	11%	12%	28%	23%
Other psychoses	37	27%	49%	19%	0%	3%	35%	19%
Childhood psychoses	155	21%	25%	11%	1%	13%	24%	32%
Neurotic & other depressive disorders	447	30%	10%	10%	3%	9%	17%	30%
Personality disorders	15	20%	0%	7%	0%	0%	0%	47%
Other mental disorders	19	5%	0%	16%	0%	5%	0%	32%
Special symptoms or syndromes	86	23%	8%	12%	0%	13%	13%	42%
Stress & adjustment reactions	842	16%	5%	5%	1%	13%	10%	40%
Conduct disorders	303	22%	15%	2%	4%	12%	14%	30%
Emotional disturbances	483	15%	8%	5%	2%	12%	10%	37%
Hyperkinetic syndrome	1,269	25%	10%	5%	2%	52%	24%	17%
No Diagnosis	7	29%	0%	0%	0%	0%	0%	0%
<b>Total</b>	<b>4,358</b>	<b>23%</b>	<b>12%</b>	<b>6%</b>	<b>3%</b>	<b>23%</b>	<b>18%</b>	<b>57%</b>

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).



**TABLE 8**  
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 22 TO 64 WHO**  
**USED PRESCRIPTION PSYCHOTROPIC DRUGS,**  
**BY DIAGNOSTIC CATEGORY AND DRUG TYPE**  
**NEVADA, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	1,264	38%	71%	34%	6%	0%	52%	5%
Major depression and affective psychoses	1,686	62%	34%	45%	11%	1%	54%	9%
Other psychoses	262	36%	62%	35%	4%	1%	48%	11%
Childhood psychoses	32	28%	44%	22%	0%	0%	28%	19%
Neurotic & other depressive disorders	1,323	57%	15%	49%	1%	1%	40%	11%
Personality disorders	41	56%	37%	37%	7%	2%	49%	20%
Other mental disorders	52	31%	29%	33%	0%	0%	29%	29%
Special symptoms or syndromes	118	40%	14%	33%	1%	1%	26%	26%
Stress & adjustment reactions	390	48%	18%	38%	2%	1%	34%	19%
Conduct disorders	51	35%	33%	35%	4%	0%	35%	14%
Emotional disturbances	17	12%	6%	18%	0%	0%	12%	35%
Hyperkinetic syndrome	100	34%	12%	25%	3%	15%	25%	25%
No Diagnosis	7	29%	14%	29%	0%	0%	29%	0%
<b>Total</b>	<b>5,343</b>	<b>51%</b>	<b>37%</b>	<b>41%</b>	<b>6%</b>	<b>1%</b>	<b>46%</b>	<b>27%</b>

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).

**TABLE 9**  
**PERCENT OF MEDICAID FFS MENTAL HEALTH BENEFICIARIES AGE 65 AND OLDER WHO**  
**USED PRESCRIPTION PSYCHOTROPIC DRUGS,**  
**BY DIAGNOSTIC CATEGORY AND DRUG TYPE**  
**NEVADA, CALENDAR YEAR 1999**

Diagnostic Category	Number of FFS MH Beneficiaries by Diagnostic Category	Type of Psychotropic Drug						No Psychotropic Drug Use
		Antidepressants	Antipsychotics	Anti-Anxiety Agents	Mood Stabilizing Agents	Stimulants	More than One Psychotropic Drug Type	
Schizophrenia	145	34%	52%	32%	3%	0%	38%	21%
Major depression and affective psychoses	313	58%	34%	44%	3%	0%	45%	15%
Other psychoses	217	42%	46%	36%	1%	0%	40%	20%
Childhood psychoses	6	0%	0%	33%	0%	0%	0%	33%
Neurotic & other depressive disorders	381	48%	23%	51%	0%	0%	39%	12%
Personality disorders	8	88%	50%	50%	0%	0%	50%	0%
Other mental disorders	45	31%	22%	36%	2%	0%	24%	31%
Special symptoms or syndromes	28	36%	21%	29%	0%	0%	25%	32%
Stress & adjustment reactions	85	33%	22%	36%	0%	0%	26%	20%
Conduct disorders	16	44%	38%	19%	0%	0%	31%	25%
Emotional disturbances	6	17%	17%	17%	0%	0%	17%	67%
Hyperkinetic syndrome	23	35%	30%	13%	4%	0%	13%	30%
No Diagnosis	7	29%	14%	14%	0%	0%	29%	0%
<b>Total</b>	<b>1,280</b>	<b>46%</b>	<b>33%</b>	<b>41%</b>	<b>1%</b>	<b>0%</b>	<b>38%</b>	<b>30%</b>

Notes: The percentages shown do not add to 100 percent because service users with a specific diagnosis may use more than one type of drug. Psychotropic drugs are defined and grouped according to Multum prescription drug grouping software.

The diagnostic category for each user was the beneficiary's most frequent diagnosis category in the year.

FFS mental health beneficiaries include all FFS beneficiaries who had one or more of the mental health diagnoses shown in this table as a primary diagnosis on at least one Medicaid claim during 1999, or who received a clearly identifiable mental health service during the year (inpatient psychiatric service for age 65+ or under age 22, or nursing facility mental health service for age 65+).